

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH ~~62-007221~~ 62-007221

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 7760 STATE FILE NUMBER

FILED FEB 23 1962

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>			c. CITY OR TOWN <u>Vandalia</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>			d. STREET ADDRESS (If outside, give location) <u>Rte 2 (8 miles SW)</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ross James Thompson</u>			4. DATE OF DEATH Month Day Year <u>January 2, 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 11, 1893</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ralls County</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Frank Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Lester Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Edna P. Thompson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Edna P. Thompson</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u> DUE TO (b) <u>Carcinoma of liver</u> DUE TO (c) <u>[REDACTED]</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>5 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>2/10/50</u> to <u>1/2/62</u> and last saw her alive on <u>1/2/62</u> Death occurred at <u>1/2/62</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>B. J. Murphy M.D.</u> (Degree or title)			22b. ADDRESS <u>100 N. 6th, Hannibal, Mo.</u>		22c. DATE SIGNED <u>2/12/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/4/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Audrain County</u>	
FUNERAL DIRECTOR <u>William B. Waters</u>		ADDRESS <u>Vandalia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 15, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lusk by William M. Herman</u>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.